

The Leonard A. McKinnon Memorial Scholarship Fund was established through a generous donation by Zelpha E. McKinnon in memory of her husband. The donation was given to provide Ascension Genesys Employees with financial assistance to further their education within the field of health care. Scholarships will be awarded annually in the months of August and December.

Scholarship Guidelines

1. The applicant must be an employee of Ascension Genesys who is working full-time or part-time.
2. The applicant must be currently enrolled in a baccalaureate or graduate degree program at an accredited university or college in a course of health care study.
3. The applicant must have demonstrated scholastic excellence with a minimum G.P.A. of 3.0. If pursuing a bachelor's degree, applicant must have at least 30 credits completed.
4. The applicant must submit a completed Leonard A. McKinnon Memorial Scholarship application to the Ascension Genesys Foundation.
5. The applicant must submit a narrative which includes a brief biography and a description of why he/she is deserving of this award.
6. The applicant must submit a letter of recommendation from a manager or instructor.
7. The applicant must submit a transcript of grades (copy acceptable).
8. Awards must be used for tuition, fees, books and/or supplies.
9. Scholarship awardees will receive a check from the Ascension Genesys Foundation within 45 days of notification.
10. Applications will be accepted:

July 15th – August 15th

November 15th – December 15th

Please submit all complete materials to:

Ascension Genesys Foundation
One Genesys Parkway
Grand Blanc, MI 48439

Scholarship Application

Please Print

First Name	M.I.	Last Name	Last 4 digits of SSN

Contact Information

Street Address	City		State	Zip

Home Phone	Cell Phone	Email Address

Employment Information

Date of Hire	Organization & Department	Classification	Shift

<input type="checkbox"/> Full time	<input type="checkbox"/> Part Time	
Employment Status	Manager's Name	

Education Information

<input type="checkbox"/> Bachelor	<input type="checkbox"/> Master's	<input type="checkbox"/> Doctorate		
Degree Pursued	Major/Minor		Expected Date of Completion	

University/College

Street Address	City	State	Zip

<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will you receive financial assistance from any other source? If so, what source and how much?		

Applicant Signature Date

Manager's Signature Date

Scholarship Committee Approval Date